

RECEIVED

**State of Ohio**  
**Office of Housing and Community Partnerships**  
**Request for Payment and Status of Funds Report**

NOV 30 2015

060

**Section One: Request for Payment**

Submit to: Ohio Development Services Agency Office of Community Development P.O. Box 1001 Columbus, Ohio 43216-1001	Name and Address of Grantee:  Coleman Professional Services 5982 Rhodes Road Kent, Ohio 44240	
Contact Person/Telephone Number:  Mary Dague, 330-676-8036	Community/Nonprofit #  7GJ	<b>State Use Only</b>  Date: 12-8-15
FTI Number:  [REDACTED]	Draw Number:  67	Voucher #: 0298389 Warrant #: 01307839

## **Section Two: Itemization of Expenditures**

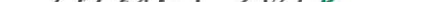
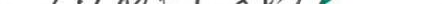
**Total Amount of This Draw:**

\$20,124

\* NOTE: From the Attachment A of the Grant Agreement

**Section Three: Certification of Itemization of Expenditures: Two Authorized Signatures Are Required**

I certify that this Request for Payment was drawn in accordance with the terms and conditions of the Grant Agreement(s) cited and that the amount drawn is proper for payment to the drawer's depository. I also certify that the data reported above is correct and that the amount of the Request for Payment is not in excess of current needs.

Date: 11/15/15	Signature 	Title Billing Supervisor
Date: 11/15/15	Countersignature 	Title Billing Coordinator

**State Use Only**

Approved: CJSR

Date: 5/2/23

DS5 (Rev. 6/04) DEV0072

**DEVELOPMENT SERVICES AGENCY  
CODING TRAVELER**

VOUCHER NO.		INVOICE NUMBER			LAST RECEIPT DATE			Prepared by:			
		HCPN00677GJ			11/30/2015						
OAKS VENDOR NO.											
0000053123											
ADD CODE										TOTAL AMOUNT	
02 - Check										\$20,124.00	
LN#	FUND	ACCOUNT	ALI	DEPT #	PROGRAM	GRANT/PROJ	SERVICE LOCATION	REPTING	PROJECT	CROSS REF	BUDGET REF
01	6460	550054	195638	DEV201100	4052C		C0067	DEVYSH1			
PURCHASE ORDER NO.						Line No	S-Y-14-7GJ-1 2015			LINE AMOUNT	
0000023998						01-1-1				+	
LN#	FUND	ACCOUNT	ALI	DEPT #	PROGRAM	GRANT/PROJ	SERVICE LOCATION	REPTING	PROJECT	CROSS REF	BUDGET REF
02											
PURCHASE ORDER NO.						Line No				LINE AMOUNT	
										+	
LN#	FUND	ACCOUNT	ALI	DEPT #	PROGRAM	GRANT/PROJ	SERVICE LOCATION	REPTING	PROJECT	CROSS REF	BUDGET REF
03											
PURCHASE ORDER NO.						Line No				LINE AMOUNT	
										+	
LN#	FUND	ACCOUNT	ALI	DEPT #	PROGRAM	GRANT/PROJ	SERVICE LOCATION	REPTING	PROJECT	CROSS REF	BUDGET REF
04											
PURCHASE ORDER NO.						Line No				LINE AMOUNT	
										+	
LN#	FUND	ACCOUNT	ALI	DEPT #	PROGRAM	GRANT/PROJ	SERVICE LOCATION	REPTING	PROJECT	CROSS REF	BUDGET REF
05											
PURCHASE ORDER NO.						Line No				LINE AMOUNT	
										+	
LN#	FUND	ACCOUNT	ALI	DEPT #	PROGRAM	GRANT/PROJ	SERVICE LOCATION	REPTING	PROJECT	CROSS REF	BUDGET REF
06											
PURCHASE ORDER NO.						Line No				LINE AMOUNT	
										+	

**PAYMENT HANDLING INSTRUCTIONS**

Return Warrant to Agency (If box is not checked warrant will be mailed centrally)

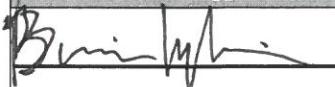
Payment Returns:  Net 30  Pay Now (If a selection is not made the payment terms will default to Net 30)

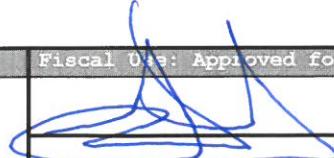
Remittance Narrative: (70 Characters) Grant#, Incoice #, Account #

S-Y-14-7GJ-1

Division Use: Approved for Payment

Fiscal Use: Approved for Payment

 12-2-2015  
DATE

 12/03/2015  
DATE

Warrant Date: 12/08/2015

Vendor Number: 0000053123

Warrant No: 0030695142

Invoice Number	Voucher ID	Gross Amount	Discount Taken	Late Charge	Paid Amount
HCPN00677GJ	00298389	20124.00	0.00	0.00	20124.00

NOT  
NEGOTIABLE

NOT  
NEGOTIABLE

NOT  
NEGOTIABLE

RETURN21310002410010G



Warrant Number	Date	Total Gross Amount	Total Discounts	Total Late Charges	Total Paid Amount
0030695142	12/08/2015	\$20,124.00	\$0.00	\$0.00	\$20,124.00

PLEASE TEAR AT PERFORATION BEFORE CASHING CHECK.

THIS IS OHIO WATERMARKED PAPER - DO NOT ACCEPT WITHOUT NOTING OHIO WATERMARK - HOLD TO LIGHT TO VERIFY OHIO WATERMARK

Development Services Agency  
 Budget & Finance  
 77 S. High Street 27th Floor  
 Columbus  
 (614)466-5355

OH 43215-6130 241

Date 12/08/2015 Fund 503 Warrant No. 0030695142

11 RA  
 25 - 217 / 441

Pay Amount \$20,124.00\*\*\*

Pay

\*\*\*\*TWENTY THOUSAND ONE HUNDRED TWENTY-FOUR AND 00/100 DOLLARS \*\*\*\*

VOID AFTER 90 DAYS

To The  
Order Of

COLEMAN PROFESSIONAL SERVICES INC

5982 RHODES RD  
KENT, OH 44240

Timothy S. Keen, Director  
 Office of Budget Management

100 2012400 1044002174 503151 2069514 208111